

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/980884

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		1		1		
18		0		1		
19		0		1		
20		1		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25	1		1			
26	1		1			
27		1		1		
28		1		1		
29		1		1		
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31	1		1			
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44						
45						
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48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.		28		28		
TOTAL CLAIMS		32		32		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS